

## STAR SHRI FAMILY CARE INSURANCE POLICY

Unique Identification No. : IRDA/NL-HLT/SHAI/P-H/V.I/165/13-14

The proposal and declaration and other documents if any, given by the proposer shall be the basis of this Contract and is deemed to be incorporated herein.

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under

### Section 1 : Health Insurance Coverage

That if during the period stated in the Schedule the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or injury shall require the insured Person/s, upon the advice of a duly Qualified Physician/Medical Specialist /Medical Practitioner or of duly Qualified Surgeon to incur Hospitalization expenses for medical/surgical treatment at any Nursing Home / Hospital in India as an in-patient, the Company will pay to the Insured Person/s the amount of such expenses as are reasonably and necessarily incurred up-to the limits indicated but not exceeding the sum insured in aggregate in any one period stated in the schedule hereto.

- 1.0 A) Room, Boarding Expenses as provided by the Hospital / Nursing Home at 2% of the sum insured subject to a maximum of Rs. 1500/- per day in Class A cities, Rs. 750/- in Class B cities and Rs. 500/- in other locations.
- B) Nursing expenses.
- C) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- D) Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker and similar expenses.
- E) Emergency ambulance charges up-to a sum of Rs. 750/- per hospitalisation and overall limit of Rs. 1500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible as per the Policy.
- F) Relevant Pre-Hospitalization medical expenses incurred for a period not exceeding 30 days prior to the date of Hospitalisation, for the disease/illness, injury sustained following an admissible claim under the policy.
- G) A sum equivalent to 7% of the hospitalisation expenses incurred comprising of Nursing Charges, Surgeon/Consultant fees, Diagnostic charges, Medicines and Drugs only subject to a maximum of Rs. 5000/- per occurrence towards Post Hospitalisation medical expenses wherever recommended by the attending Medical Practitioner.

Where Package rates are charged by the hospitals the Post-Hospitalisation benefit will be calculated after taking the room and boarding charges at the applicable limits for the location as provided for in 1.0

Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for Dialysis, Chemotherapy, Radiotherapy, Cataract surgery, Dental Surgery, Lithotripsy (Kidney stone removal) Tonsillectomy, Cutting and Draining of Abscess, Liver Aspiration, Pleural Effusion Aspiration, Colonoscopy, Sclerotherapy, taken in the Hospital / Nursing Home and the Insured is discharged on the same day.

Expenses incurred on treatment of cataract are limited to Rs. 12000/- during the entire policy period.

**Note:** -Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum insured per family mentioned in the Schedule.

### 2. DEFINITIONS:

**Accident / Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means

**Any one Illness** Any One Illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

**Class A cities** means Ahmedabad, Bangalore, Chennai, Hyderabad including Secunderabad, Kolkata, Mumbai including Thane, Pune, New Delhi including Noida, Gurgaon & Faridabad.

**Class B cities** means Baroda. Coimbatore, Cochin, Indore, Kanpur, Ludhiana, Surat, Meerut and all State capitals other than those falling under Class A.

**Other Locations** means rest of India not falling under Class A & Class B above.

**Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**Congenital External** means congenital anomaly which is in the visible and accessible parts of the body.

**Congenital Internal** means congenital anomaly which is not in the visible and accessible parts of the body.

**Day Care Treatment** means medical treatment, and/or surgical procedure which is:

- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition

**Diagnosis** means Diagnosis by a registered medical practitioner, supported by clinical, radiological, and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

**Disclosure to information norm** mean the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Family** means Insured Person, spouse, dependent children not over 25 years of age.

**Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

**Hospital / Nursing Home** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- a. Has qualified nursing staff under its employment round the clock;
- b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- c. Has qualified medical practitioner(s) in charge round the clock;
- d. Has a fully quipped operation theatre of its own where surgical procedures are carried out;
- e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**Insured Person** means the name/s of persons shown in the schedule of the Policy

**In-Patient** means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

**Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence

**Network Hospital** means all such hospitals day care centers or other providers that the Company has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the Company and subject to amendment from time to time.

**Non Network Hospital** means any hospital, day care centre or other provider that is not part of the network.

**Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another

**Pre-Existing Disease** means condition, ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or were diagnosed and/or received medical advice /treatment within 48 months prior to insured person's first health policy with the any Indian Insurance.

**Pre Hospitalisation:** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

**Post Hospitalisation :** Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**Room Rent** means the amount charged by a hospital for the occupancy of a bed on per day (24hours) basis and shall include associated medical expenses.

**Surgery/Surgical Operation** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

**Unproven / Experimental** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

### 3. EXCLUSIONS:

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by any insured person in connection with or in respect of:

1. Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer. However the limit of the Company's liability in respect of claim for pre-existing diseases under such portability shall be limited to the sum insured under first policy with any Indian Insurance Company.
2. Any disease contracted by the Insured Person during the first 30 days from the date of commencement of the policy. This condition shall not however apply in case of the Insured Person having been covered under this scheme or group health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months without any break
3. During the First two Years of continuous operation of Insurance cover, the expenses on treatment of Cataract, Hysterectomy for Menorrhagia or Fibromyoma, Knee Replacement Surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by an accident), Prolapse of intervertebral disc(other than caused by accident), Varicose veins and Varicose ulcers If these diseases are Pre-Existing at the time of proposal they will be covered subject to exclusion No. 1 above.
4. During the first year of operation of the Insurance cover the expenses on treatment of diseases such as Benign Prostate Hypertrophy, Hernia, Hydrocele, Congenital Internal disease/defect, Fistula in anus, Piles, Sinusitis and related disorders gallstones and renal stone removal are not payable. If these diseases are Pre-Existing at the time of proposal they will be covered subject to exclusion No. 1 above.
5. The exclusions 2, 3 and 4 shall not however apply in case of the Insured Person/s having been covered under any health insurance scheme with any of the Indian Insurance companies for a continuous period of preceding 12 months/ 24 months respectively without any break.
6. Injury/ Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not).
7. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
8. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination (except for post-bite treatment) or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
9. Cost of spectacles and contact lens, hearing aids, walkers, crutches, wheel chairs, artificial limbs and such other aids.
10. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
11. Convalescence, general debility, mental disorder, Run-down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
12. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
13. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory Examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital / nursing home.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
15. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section (excluding ectopic pregnancy).
16. Naturopathy Treatment.
17. Hospital registration charges, record charges, telephone charges and such other charges.
18. Expenses incurred on Lasik Laser or Refractive Error Correction treatment.
19. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
20. Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathic.
21. Other expenses as detailed elsewhere in the policy

### 4. CONDITIONS:

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

2. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars must be sent to the Company within 24 hours from the date of Death, injury, and Hospitalisation.
3. Claim must be filed with 15 days from the date of discharge from the Hospital.  
Note: This is a condition precedent to admission of liability under the policy.

**However the company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case**

4. The Insured Person/s shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.

Documents to be submitted in support of claim are

For reimbursement claims

- a. Duly completed claim form,
- b. Pre -admission investigations and treatment papers
- c. Discharge summary from the hospital in original
- d. Cash receipts from hospital, chemists
- e. Cash receipts and reports for tests done
- f. Receipts from doctors, surgeons, anesthetist
- g. Certificate from the attending doctor regarding the diagnosis.

For Cashless Treatment:

Prescriptions and receipts for Pre and Post-hospitalization

**Note:** The Company reserves the right to call for additional documents wherever required

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

5. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at Company's cost.
6. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.
7. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person/s or by any other person acting on his behalf.
8. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed, non-disclosure of material facts as declared in the proposal form.

If the policy is to be renewed or ported from other Indian Insurance Company for enhanced sum insured then the waiting period as applicable to a fresh policy will apply to additional sum insured as if a separate policy has been issued for the difference. In other words the enhanced sum insured will not be available for an illness, disease, injury already contracted under the preceding policy periods.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

9. **No Claim Discount:** The Insured Person shall be eligible for No Claim Discount for every claim-free year as per scales below:

No of years	Discount on Section 1 premium excluding ST
First year	Nil
Beginning of Second and subsequent years	10% *

\* Discount is not cumulative.

10. **Cancellation:** The Company may at any time cancel this Policy on grounds of misrepresentation, fraud, moral hazard, non-disclosure of material fact or non-co-operation by the insured person by sending the Insured 30 days notice by registered letter at the Insured Person's last known address and in such event the Company shall refund to the Insured a pro-rata premium for unexpired period of Insurance subject to there being no claim. The insured may at any time cancel this Policy and in such event the Company shall allow refund of Premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	1/3rd of the section 1 premium
Up to three Months	½ of the section 1 premium
Up to six months	3/4th of the section 1 premium
Exceeding six months	Full section 1 premium

11. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the cost of pre-acceptance medical screening, stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy

12. **Portability (applicable for Section I only):** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869

13. **Automatic Termination:** The insurance under this policy with respect to each relevant Insured Person policy shall terminate immediately on the earlier of the following events:

- ✓ Upon the death of the Insured Person
- ✓ Upon exhaustion of the sum insured under the policy as a whole

14. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

15. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
16. **Package Charges :** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)

## Section 2 : Pure Term-Life Insurance Coverage

Shriram Life Insurance Company Limited (herein after called "the Company") having received a proposal and declaration with the statements contained and referred to hereunder, and the first premium from the proposer/life assured named in the schedule hereunder, and the said proposal and declaration and the statements thereto having been agreed to by the proposer/Life Assured and the Company as basis of this assurance, do by this policy agree, in consideration and subject to the due receipt of premiums on the days stipulated in the schedule annexed, to pay the Sum Assured under this policy, to the person/s to whom the same is payable as per the schedule, on submitting that the said sum becomes payable as set out in the schedule, together with the proof of the claimant's right to the policy moneys, and acceptable proof of age of the policy holder, if age is not admitted earlier.

Further, it is hereby declared that this policy of assurance shall be subject to the conditions and privileges printed in the policy document and that the following schedule and any endorsement placed by the Company shall be deemed part of the policy.

1. **Proof of Age:** The premium has been calculated based on the age of the life assured declared in the proposal. In case, the age is proved to be higher than what is stated in the proposal, the premium under the policy will be revised from the date of entry provided the plan, sum assured and medical requirements allow revision as per terms and conditions of the product. The life assured has to pay the difference between the revised premium and the original premium, from the commencement of the policy with such interest that is prevailing at the time of revision and shall continue to pay the revised premium thereafter. In case the same is not paid, the Company shall have the right to deduct such accumulated difference from the claim amount as and when the same is payable. If the age is proved lower than declared in the proposal, the difference in premium between the revised premium, provide the plan can be offered, and the original premium shall be refunded by the Company without any interest.

If the correct age at entry is such that the plan cannot be offered or would have made him uninsurable, the policy shall be void and all the claims to any benefit shall cease and all money paid by the life assured shall be forfeited by the Company.

2. **Payment of premium:** Premiums are payable on the due dates as specified in the schedule. The life assured should pay premiums as and when they fall due. In view of this, it is not necessary for the insurer to issue a reminder in this respect.
3. **Days of grace:** A grace period of 30 days will be allowed for payment of premiums. If death occurs within this period but before the payment of the premium then due, the policy shall be valid and the claim if admitted will be paid after deducting the said premium as also the unpaid premiums falling due before the next policy anniversary. If the premium is not paid before the grace period, the policy lapses.
4. **Revival of discontinued policies:** No revival is allowed under this policy.
5. **Nomination and Assignments:** Notice of Nomination or Assignment or change of Nomination should be sent to the Divisional office of the Company where the policy is being serviced. In registering the nomination or assignment the Company does not accept any responsibility or express any opinions as to its validity.
6. **Suicide:** If the life assured commits suicide, whether sane or insane, within one year from the date of acceptance of the risk, the policy shall be void and no claim will be payable.
7. **Loan:** The policyholder will not be entitled to any loan under this policy.
8. **Surrender Value:** The policy does not acquire any surrender value.
9. **Forfeiture in certain events:** Under Section 45 of the Insurance Act, 1938, no policy of life insurance effected before the commencement of this Act shall, after the expiry of two years from the date of commencement of this Act, and no policy of Life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of policy, was inaccurate or false, unless the insurer shows that such statement was on material matter or suppressed fact which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.
10. **Occupation Exclusions:** Hazardous occupation and activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger are excluded. If death occurs when the life assured is engaged in these occupations/activities, no death claim is allowed.
11. **Claims Exclusions:** The policy has a waiting period of 90 days from the date of acceptance of risk. Only accidental death benefits are covered during the waiting period. In this period, no death benefit is payable in case of death due to other causes. After the expiry of this period, death due to all causes (subject to mandatory exclusions) are payable.

12. **Death Benefit:**

1. Immediately after the happening of the insured event, full particulars must be furnished to the office of this Company where this policy is serviced and within 180 days after happening of the death, proof of death in such manner as required by the Company, should be given.
2. The life assured will not be entitled to any benefits for death directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following :
  - Suicide or self inflicted injury, whether the life assured is medically sane or insane, during the first year.
  - War, terrorism, invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion. War means any war whether declared or not.
  - Taking part in any act of a criminal nature, an assault, an illegal activity or any breach of law.
  - Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
  - Radioactive contamination due to nuclear accident.
  - Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.

**13. Relief under Section 80 C:** Insured Person is eligible for relief under Section 80-C of the IT Act in respect of the amount paid for Life Section.

**14. Normal requirements for a claim:** The settlement of death claim under the policy is subject to compliance with the following requirements:

- Claim forms which will be issued by the Company upon receipt of information of death of the life assured.
- Original Policy document
- Proof of death
- Proof of title
- Medical treatment prior to date of death
- Employer's certificate if applicable

**Common conditions applicable to both Section 1 and Section 2**

**1. Cooling off Period :** If the policyholder is not satisfied with the 'Terms and conditions' of the policy, the policy can be returned to the Company within 15 days from the date of receipt of the policy. However, the Company reserves the right to deduct medical examination fees, cancellation fee, stamp duty charges for issue of the policy and proportionate risk premium for the period concerned.

**2. Liability to settle claims :** The liability to settle health insurance claim under section 1 vests with Star Health and Allied Insurance Company Limited and the liability to settle pure term life insurance claim under Section 2 vests with Shriram Life Insurance Company Limited.

**3. Important Note:** The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

For all purposes under the scope of this policy, "Company" under Section 1 means Star Health and Allied Insurance Company Limited and "Company" under Section 2 means Shriram Life Insurance Company Limited.

The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for Antifraud policy of the company for necessary compliance by all stake holders.

**4. Policy Disputes :** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

**5. Legal / Quasi legal disputes :** The legal / quasi legal disputes, if any, shall be dealt with the respective insurers for respective benefits.

**6. Discontinuance of insurance :** The Insured has the option to continue with either section of the policy discontinuing the other section during the policy term. The continuation of benefits as provided under health section (Section 1) would be available.

**7. Renewal under Health Insurance Section (Section 1) :** The policy will be renewed except on grounds of misrepresentation / fraud committed. The loading of premium as indicated under Section 1 is applicable.

**8. Premium payment options :** Premium shall be paid annually.

**9. Policy servicing facility :** Star Health and Allied Insurance Company Limited will be the nodal point for policy servicing. Any queries relating to the coverage under the policy shall be obtained through the following Toll Free Numbers **1800 425 2255 and 1800 425 6116**

**10. Claim Servicing :** Health Insurance claim payable under Section 1 will be serviced and settled by Star Health and Allied Insurance Company Limited and Pure Term life cover payable under Section 2 will be serviced and settled by Shriram Life Insurance Company Limited.

**11. Customer Service :** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

**12. Notices :** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Fax no: 044-28319100, Toll free no: 1800 4252255 Email: [info@starhealth.in](mailto:info@starhealth.in)

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

**13. Grievances :** In case the Insured Person is aggrieved in any way, the insured may contact the Company at the specified address, during normal business hours.

**Grievance Department,** Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28288821 during normal business hours. or Send e-mail to [grievances@starhealth.in](mailto:grievances@starhealth.in)

In case the Insured Person is aggrieved in any way, the Insured may contact the Company and Company at the specified address, during normal business hours.

**In the event of the following grievances:**

- a. any partial or total repudiation of claims by the Company
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. Non-issuance of any insurance document to customer after receipt of the premium

the Insured Person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or offices of Star Health and Allied Insurance Company Limited and Shriram Life Insurance Company Limited are located.

List of Ombudsman	
Contact Details	Areas of Jurisdiction
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat Union Territory of Dadra & Nagar Haveli Daman and Diu
Office of the Insurance Ombudsman, Janak Vihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Email ioobbsr@dataone.in	Orissa
Office of the Insurance Ombudsman, 2nd Floor, Batra Building. S.C.O. No.101-103, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468, Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana Himachal Pradesh, Jammu & Kashmir Union Territory of Chandigarh
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018 Tel.:- 044-24333668 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu Union Territory–Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry)
Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 <sup>th</sup> Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur Mizoram, Arunachal Pradesh Nagaland and Tripura
Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004</u> . Tel : 040-65504123 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh Karnataka and Union Territory of Yanam a part of the Union Territory of Pondicherry
Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 / 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , Union Territory of (a) Lakshadweep (b) Mahe – a part of Union Territory of Pondicherry
Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar Jharkhand and Union Territory of Andaman & Nicobar Islands Sikkim
Office of the Insurance Ombudsman, Jeevan Bhawan, 6 <sup>th</sup> Floor, Phase-2, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001</u> . Tel : 0522 -2231331 / 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa



## Other Excluded Expenses

### TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS

1	Anne French Charges	44	Bed Pan
2	Baby Charges (unless Specified/indicated)	45	Bed Under Pad Charges
3	Baby Food	46	Camera Cover
4	Baby Utilites Charges	47	Care Free
5	Baby Set	48	Cliniplast
6	Baby Bottles	49	Crepe Bandage
7	Bottle	50	Curapore
8	Brush	51	Diaper Of Any Type
9	Cosy Towel	52	Dvd, Cd Charges (payable If Cd Is Specifically Sought For )
10	Hand Wash	53	Eyelet Collar
11	Moisturiser Paste Brush	54	Face Mask
12	Powder	55	Flexi Mask
13	Razor	56	Gause Soft
14	Towel	57	Gauze
15	Shoe Cover	58	Hand Holder
16	Beauty Services	59	Hansaplast/ Adhesive Bandages
17	Belts/ Braces ( Except For Cases Who Have Undergone Surgery Of Thoracic Or Lumbar Spine)	60	Lactogen/ Infant Food
18	Buds	61	Slings ( Except For Upper Arm Fractures In Which Case, Cost Of One Sling Is Payable )
19	Barber Charges		<b>Items Specifically Excluded In The Policy</b>
20	Caps	62	Weight Control Programs/ Supplies/ Services
21	Cold Pack/hot Pack	63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
22	Carry Bags	64	Dental Treatment Expenses That Do Not Require Hospitalisation
23	Cradle Charges	65	Hormone Replacement Therapy
24	Comb	66	Home Visit Charges
25	Disposables Razors Charges ( For Site Preparations)	67	Infertility/ Subfertility/ Assisted Conception Procedure
26	Eau-de-cologne / Room Freshners	68	Obesity (including Morbid Obesity) Treatment
27	Eye Pad	69	Psychiatric & Psychosomatic Disorders
28	Eye Sheild	70	Corrective Surgery For Refractive Error
29	Email / Internet Charges	71	Treatment Of Sexually Transmitted Diseases
30	Food Charges (other Than Patient's Diet Provided By Hospital)	72	Donor Screening Charges
31	Foot Cover	73	Admission/registration Charges
32	Gown	74	Hospitalisation For Evaluation/ Diagnostic Purpose)
33	Leggings (except For Bariatric And Varicose Vein Surgery Where Surgery Itself Is Payable)	75	Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed
34	Laundry Charges	76	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From /hiv/ Aids Etc Is Detected/ Directly Or Indirectly (however Please See Specific Exclusion For This Purpose)
35	Mineral Water	77	Stem Cell Implantation/ Surgery
36	Oil Charges		<b>Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is</b>
37	Sanitary Pad	78	Ward And Theatre Booking Charges
38	Slippers	79	Arthroscopy & Endoscopy Instruments
39	Telephone Charges	80	Microscope Cover
40	Tissue Paper	81	Surgical Blades,harmonic Scalpel,shaver
41	Tooth Paste		
42	Tooth Brush		
43	Guest Services		

82	Surgical Drill	127	Preparation Charges
83	Eye Kit	128	Photocopies Charges
84	Eye Drape	129	Patient Identification Band / Name Tag
85	X-ray Film	130	Washing Charges
86	Sputum Cup	131	Medicine Box
87	Boyles Apparatus Charges	132	Mortuary Charges Beyond 24 Hrs (shifting Charges Not Payable)
88	Blood Grouping And Cross Matching Of Donors Samples	133	Medico Legal Case Charges (mlc Charges)
89	Savlon		<b>External Durable Devices</b>
90	BandAids, Bandages, Sterile Injections, Needles, Syringes	134	Walking Aids Charges
91	Cotton	135	Bipap Machine
92	Cotton Bandage	136	Commode
93	Micropore/ Surgical Tape	137	Cpap/ Capd Equipments
94	Blade	138	Infusion Pump - Cost
95	Apron	139	Oxygen Cylinder (for Usage Outside The Hospital)
96	Torniquet	140	Pulseoxymeter Charges
97	Orthobundle, Gynaec Bundle	141	Spacer
98	Urine Container Elements Of Room Charge	142	Spirometre
99	Luxury Tax	143	Spo2 Probe
100	Hvac	144	Nebulizer Kit
101	House Keeping Charges	145	Steam Inhaler
102	Service Charges Where Nursing Charge Also Charged	146	Armsling
103	Television & Air Conditioner Charges	147	Thermometer
104	Surcharges	148	Cervical Collar
105	Attendant Charges	149	Splint
106	Im Iv Injection Charges	150	Diabetic Foot Wear
107	Clean Sheet	151	Knee Braces ( Long/ Short/ Hinged)
108	Extra Diet Of Patient(other Than That Which Forms Part Of Bed Charge)	152	Knee Immobilizer/shoulder Immobilizer
109	Blanket/warmer Blanket	153	Lumbo Sacral Belt (except For Cases Who Have Undergone Surgery Of Lumbar Spine)
	<b>Administrative Or Non-medical Charges</b>	154	Nimbus Bed Or Water Or Air Bed Charges (except For Treatment Of Patients In Icu For More Than 6 Consecutive Days, Patients With Paraplegia /quadriplegia. Up To A Maximum Of Rs.200/- Per Day)
110	Admission Kit	155	Ambulance Collar
111	Birth Certificate	156	Ambulance Equipment
112	Blood Reservation Charges And Ante Natal Booking Charges	157	Microsheild
113	Certificate Charges	158	Abdominal Binder (except For Post-surgery Patients Of Major Abdominal Surgery Including Tah, Lscs Incision Hernia Repair, Exploratory Laparotomy For Intestinal Obstructions , Liver Transplant Etc)
114	Courier Charges		<b>Items Payable If Supported By A Prescription</b>
115	Convenyance Charges	159	Betadine \ Hydrogen Peroxide\spirit\detto(payable When Prescribed For Patient, Not Payable For Hospital Use In Ot Or Ward Or For Dressings In Hospital )
116	Diabetic Chart Charges	160	Private Nurses Charges- Special Nursing Charges
117	Documentation Charges / Administrative Expenses	161	Nutrition Planning Charges - Dietician Charges- (except Patient Diet Provided By Hospital)
118	Discharge Procedure Charges	162	Alex Sugar Free
119	Daily Chart Charges	163	Creams Powders Lotions (toileteries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
120	Entrance Pass / Visitors Pass Charges	164	Digene Gel/ Antacid Gel (payable When Prescribed)
121	Expenses Related To Prescription On Discharge (to Be Claimed Under Post Hospitalisation Where Admissible)		
122	File Opening Charges		
123	Incidental Expenses / Misc. Charges (not Explained)		
124	Medical Certificate		
125	Maintainance Charges		
126	Medical Records		

165	Ecg Electrodes (except Upto 5 Electrodes For Every Case Visiting Ot Or Icu. For Longer Stay In Icu, Least One Set Every Second Day Payable.	186	Kidney Tray
		187	Mask
166	Gloves (except For Sterilized Gloves)	188	Ounce Glass
167	Hiv Kit	189	Outstation Consultant's/ Surgeon's Fees (not Payable, Except For Telemedicine Consultations If Covered By Policy)
168	Listerine/ Antiseptic Mouthwash (except If Prescribed)	190	Oxygen Mask
169	Lozenges (except If Prescribed)	191	Paper Gloves
170	Mouth Paint (except If Prescribed)	192	Pelvic Traction Belt (payable In Case Of Pivd Requiring Traction)
171	Nebulisation Kit (except If Used During Hospitalization Is Payable Reasonably)	193	Referral Doctor's Fees
172	Neosprin (except If Prescribed)	194	Accu Check ( Glucometry/ Strips)
173	Novarapid (except If Prescribed)	195	Pan Can
174	Volini Gel/ Analgesic Gel ((except If Prescribed))	196	Sofnet
175	Zytee Gel (except If Prescribed)	197	Trolley Cover
176	Vaccination Charges (except For Post Bite Treatment)	198	Urometer, Urine Jug
177	Ahd	199	Ambulance (except For Charges Incurred Ambulance From Home To Hospital Or Interhospital Shifts , Rta )
178	Alcohol Swabes	200	Tegaderm / Vasofix Safety (payable - Maximum Of 3 In 48 Hrs And Then 1 In 24 Hrs)
179	Scrub Solution/sterillium	201	Urine Bag (payable Where Medicaly Necessary Till A Reasonable Cost -Maximum 1 Per 24 Hrs)
180	Vaccine Charges For Baby	202	Softovac
181	Aesthetic Treatment / Surgery	203	Stockings (except For Case Like Cabg Etc.)
182	Tpa Charges		
183	Visco Belt Charges		
184	Any Kit With No Details Mentioned [delivery Kit,		
185	Examination Gloves		

